

**STEUBEN COUNTY – FINANCE DEPARTMENT – Vendor Add/Change Form**  
**COUNTY OFFICE BLDG, ROOM 301, 3 EAST PULTENEY SQUARE, BATH, NEW YORK 14810**  
**PHONE: Vendor Questions: (607) 664-2488 FAX: (607) 664-2188**

**VENDOR NAME** \_\_\_\_\_ **VENDOR #** \_\_\_\_\_

W-9 –TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION - PLEASE TYPE OR PRINT CLEARLY

**Name (as shown on your income tax return)** \_\_\_\_\_

**Business Name (if different from above)** \_\_\_\_\_

**Check appropriate box:**     **Individual/Sole Proprietor**     **Corporation**     **Partnership**  
OR

**LLC (Limited Liability Company):**     **Individual/Sole Proprietor**     **Corporation**     **Partnership**

**Taxpayer Identification Number (TIN):** Enter your TIN in the appropriate box. The TIN provided must match the name given to avoid backup withholding. For individuals, this is your social security number. For other entities, this is your employer identification number. See W-9 instructions for more information.

**Social Security Number** \_ \_ - \_ - \_ \_ \_ \_ *or* **Employer Identification Number** \_ - \_ \_ \_ \_ \_ \_

**Certification:**

*Under penalties of perjury, I certify that: 1) I am not subject to backup withholding; 2) The number shown on this form is my correct Federal Identification Number; 3) The information I have supplied is correct; and 4) I am a US citizen.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

	<u>PURCHASING ADDRESS</u>	<u>PAY TO ADDRESS</u> (if different)
Address #1	_____	_____
Address #2	_____	_____
City, State, Zip	_____	_____
Contact Person	_____	_____
Phone Number	_____	_____
Email Address	_____	_____

**ACH Authorization:**

The above named Vendor hereby authorizes the County of Steuben to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment / reimbursement of goods and / or services.

<b>Bank Name</b>	_____	
<b>Bank Routing Number</b>	_____	
<b>Bank Account Number</b>	[ ] checking	[ ] savings
<b>Remittance E-mail*</b>	_____	

\*This is either a Receivable Department email or the person designated to process payments

**\*\* Please provide a voided check with your remittance\*\***

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**